

**Alameda County Public Health Department  
Tobacco Control Program**

**Tobacco Retail License Opinion Poll**

Local cities/jurisdictions may pass a Tobacco Retail License ordinance that holds tobacco retailers accountable for the privilege of selling tobacco in our community. This ordinance is intended to protect our youth from tobacco addiction.

**Survey Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Location** \_\_\_\_\_

**Day of the week:** ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat

**Time of survey:** \_\_\_\_\_ am / pm

1. **Do you think it is easy for youth under 18 to buy cigarettes in your community?**  
☐ Yes ☐ No ☐ Don't Know ☐ Declined to answer
2. **Would you be in favor of a local law requiring retailers to have a license to sell tobacco in order to cover the costs of enforcing under-aged tobacco laws?**  
☐ Yes ☐ No ☐ Don't Know ☐ Declined to answer
3. **If a licensing law was passed, should retailers who repeatedly violate the law have their tobacco license taken away?**  
☐ Yes ☐ No ☐ Don't Know ☐ Declined to answer
4. **Do you think that a local tobacco retailer licensing law would reduce illegal cigarette sales to youth under 18 if properly enforced?**  
☐ Yes ☐ No ☐ Don't Know ☐ Declined to answer
5. **Do you smoke?** ☐ Yes ☐ No (If no, skip to #6) ☐ Declined to answer
  - a. **If yes, how often?**  
☐ Everyday ☐ Some Days ☐ Special Occasions ☐ Declined to answer
  - b. **If you smoke, what type of tobacco product do you smoke?**  
☐ Cigarettes ☐ Bidis ☐ Blunts ☐ Cigars ☐ Hookah ☐ others \_\_\_\_\_  
☐ Declined to answer
  - c. **What age did you start smoking?** \_\_\_\_\_ ☐ Declined to answer
6. **What is your age?**  
☐ under 18 years ☐ 18-24 years ☐ 25-34 years ☐ 35 – 50 years ☐ over 50 years ☐ Declined
7. **Which race/ethnicity do you identify as?**  

<input type="checkbox"/> African American/Black	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native American/Alaskan Native
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White/Non-Hispanic	<input type="checkbox"/> Mixed/Multiethnic

  
☐ Other: Specify \_\_\_\_\_ ☐ Declined to answer
8. **Where do you live:** ☐ Alameda ☐ Oakland ☐ other \_\_\_\_\_
9. **What is your sex?** ☐ Female ☐ Male ☐ \_\_\_\_\_